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**REQUEST FOR WITHDRAWAL
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Application Number	10/660,429
Filing Date	9-12-2003
First Named Inventor	Harris, M.
Art Unit	3743
Examiner Name	(unassigned)
Attorney Docket Number	HAR-001

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
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The reasons for this request are: Requested to withdraw by inventor.

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<input checked="" type="checkbox"/> Firm or Individual Name	Michael Harris				
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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